

**N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HUMAN RESOURCES  
RECRUITMENT/SELECTION DOCUMENTATION  
REQUEST FOR POSTING**

Division: \_\_\_\_\_ Section/Unit: \_\_\_\_\_

Location/County: \_\_\_\_\_ Pos. No: \_\_\_\_\_

Class Title: \_\_\_\_\_ Working Title: \_\_\_\_\_

Work Schedule: \_\_\_\_\_ Date Position is Available: \_\_\_\_\_

Recruitment Hiring Range: \$\_\_\_\_\_ to \$\_\_\_\_\_ Budgeted Salary: \$\_\_\_\_\_

Salary Grade: \_\_\_\_\_ or Salary Grade Equivalent if career banded: \_\_\_\_\_

Competency Level: \_\_\_\_ (Contributing, Journey, or Advanced – applicable only to career banded classifications)

If part-time, number of hours per week: \_\_\_\_\_

If time-limited, duration of time-limit: (e.g. 12 months, 6 months) \_\_\_\_\_

Internal Posting: DHHS: \_\_\_\_\_ State Government: \_\_\_\_\_ (Requires HRD – Recruitment Services approval)

Is this a new position or have the duties changed for this position? ☐ Yes ☐ No If yes, please attach updated position description and if necessary, a revised organizational chart.

Briefly explain purpose/description of work and major duties:

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Required Competencies [knowledge, skills, abilities and behaviors]:

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Additional **preferred** knowledge, skills, abilities, training, experience [If you need information on the minimum required *training & experience*, contact your Human Resources office]:

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Indicate plans for additional recruitment efforts if known [i.e., advertising in a newspaper, professional journal, on-line Internet source outside OSP]; **or** provide your name/phone number if you would like to be contacted to discuss recruiting options.

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Required license or certification: \_\_\_\_\_

Physical Requirements (ADA) \_\_\_\_\_

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### EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

Does the department's EEO Plan indicate a need for outreach recruitment? ☐ Yes ☐ No

If yes, indicate ethnic group(s):

	<u>Male</u>	<u>Female</u>
<input type="checkbox"/> White (non-Hispanic)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Black (non-Hispanic)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asian (including Pacific Islander)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Indian (including Alaskan native)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Persons with disabilities	<input type="checkbox"/>	<input type="checkbox"/>

Additional recruitment resources to be used for outreach recruitment (newspapers, professional journals, colleges/universities, etc.)

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EEO Designee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### APPROVAL:

\_\_\_\_\_  
Hiring Supervisor's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hiring Supervisor's Signature